

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

69/120030

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	1		1			
5	1		1			
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28	1		1			
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TOTAL IND.	4		3			
TOTAL DEP.	55		38			
TOTAL CLAIMS	59					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		2				
54		2				
55		2				
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.	10					
TOTAL CLAIMS	51					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY